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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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JC869 U.S. PTO
10/041616



01/08/02

1042 U.S. PTO
01/08/02

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Total Number of Pages in This Submission

Attorney Docket Number

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☒ Fee Attached
- ☐ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☒ Assignment Papers (for an Application)
- ☒ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):

Canadian Patent Filing

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Steve Komistek

Signature

SK

Date

10/16/2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 10/17/2001

Typed or printed name

Steve Komistek

Signature

SK

Date

10/16/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JAN 09 2002

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 370

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
NumberDeposit
Account
Name
☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

101 740 201 370 Utility filing fee

106 330 206 165 Design filing fee

107 510 207 255 Plant filing fee

108 740 208 370 Reissue filing fee

114 160 214 80 Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$) 370

2. EXTRA CLAIM FEES

Total Claims 11 - 20** = 0 X 0 = 0

Independent Claims 1 - 3** = 0 X 0 = 0

Multiple Dependent 0 = 0

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 84 202 42 Independent claims in excess of 3

104 280 204 140 Multiple dependent claim, if not paid

109 84 209 42 ** Reissue independent claims
over original patent110 18 210 9 ** Reissue claims in excess of 20
and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid
105	130	205 65	Surcharge - late filing fee or oath	
127	50	227 25	Surcharge - late provisional filing fee or cover sheet	
139	130	139 130	Non-English specification	
147	2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112 920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115	110	215 55	Extension for reply within first month	
116	400	216 200	Extension for reply within second month	
117	920	217 460	Extension for reply within third month	
118	1,440	218 720	Extension for reply within fourth month	
128	1,960	228 980	Extension for reply within fifth month	
119	320	219 160	Notice of Appeal	
120	320	220 160	Filing a brief in support of an appeal	
121	280	221 140	Request for oral hearing	
138	1,510	138 1,510	Petition to institute a public use proceeding	
140	110	240 55	Petition to revive - unavoidable	
141	1,280	241 640	Petition to revive - unintentional	
142	1,280	242 640	Utility issue fee (or reissue)	
143	460	243 230	Design issue fee	
144	620	244 310	Plant issue fee	
122	130	122 130	Petitions to the Commissioner	
123	50	123 50	Processing fee under 37 CFR 1.17(q)	
126	180	126 180	Submission of Information Disclosure Stmt	
581	40	581 40	Recording each patent assignment per property (times number of properties)	
146	740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370	Request for Continued Examination (RCE)	
169	900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____				

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

Name (Print/Type)

Steve Komisdek

Registration No.
(Attorney/Agent)

Complete (if applicable)

Telephone

403-528-9381

Signature

[Signature]

Date

10/16/2001

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10041515-010802

Petition for Grant of a Patent

The applicant,
Stephen Michael KOMISTEK,

Whose complete address is,
Box 23071, Medicine Hat, Alberta, Canada, T1B 4C7

Whose phone number is,
Home (403) 527-5525 Office (403) 528-9381 Cell (403) 548-5556

requests the grant of a patent for an invention, entitled

Inclined Freewater Knockout (IFWKO),

which is described and claimed in the accompanying specifications.

The applicant believes that the applicant is entitled to claim status as a "small entity"
as defined under ~~section 2~~ of the patent rules.

The applicant requests that Figure No. 1 of the drawings accompany the abstract
when it is open to public inspection under section 10 of the Patent Act or published.

jc869 U.S. PTO
10/041616
01/08/02

01/16/2002 EHAILE1 00000065 10041616

02 FC:122 35

130.00 OP

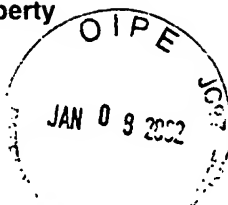


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Industry Canada



KOMISTEK, STEPHEN MICHAEL
Box 23071
MEDICINE HAT Alberta
T1B 4C7

Date : 2001/06/04

FILING CERTIFICATE

Application No. : 2,345,940 Filing Date : 2001/05/04
Expected Laid-Open Date : 2002/11/04 Your Reference :
Title of Invention : INCLINED FREEWATER KNOCKOUT (IFWKO)
Applicant(s) : KOMISTEK, STEPHEN MICHAEL
Inventor(s) : KOMISTEK, STEPHEN MICHAEL

Special Notice

You are reminded that annual fees to maintain your application are needed for each one-year period between the 2nd and 20th anniversaries and must be paid on or before each anniversary. Failure to pay within the prescribed time limit will lead to abandonment of your application.

Commissioner of Patents

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OPIC/CIPO 191

